

Name
in
Full

Emory Smith Banister

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Court St.		Calvert County		MARYLAND	
Date of death	1907	Month July	Day 7	Age —	Years —
Sex Male	Color or Race Colored		Birthplace Calvert Co md		
Occupation None			Where Residing if not at place of death		
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Hopewell Banister			Father's Birthplace Calvert Co		
Mother's Maiden Name Martha E Smith			Mother's Birthplace Calvert Co		
Name of person giving information Martha E Banister			How related to deceased Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enteric - Colitis	How long 4 days
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr F Chambers md
	Address Lumbry Calvert Co md
Accident or Suicide?	



Name

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CERTIFICATE OF DEATH

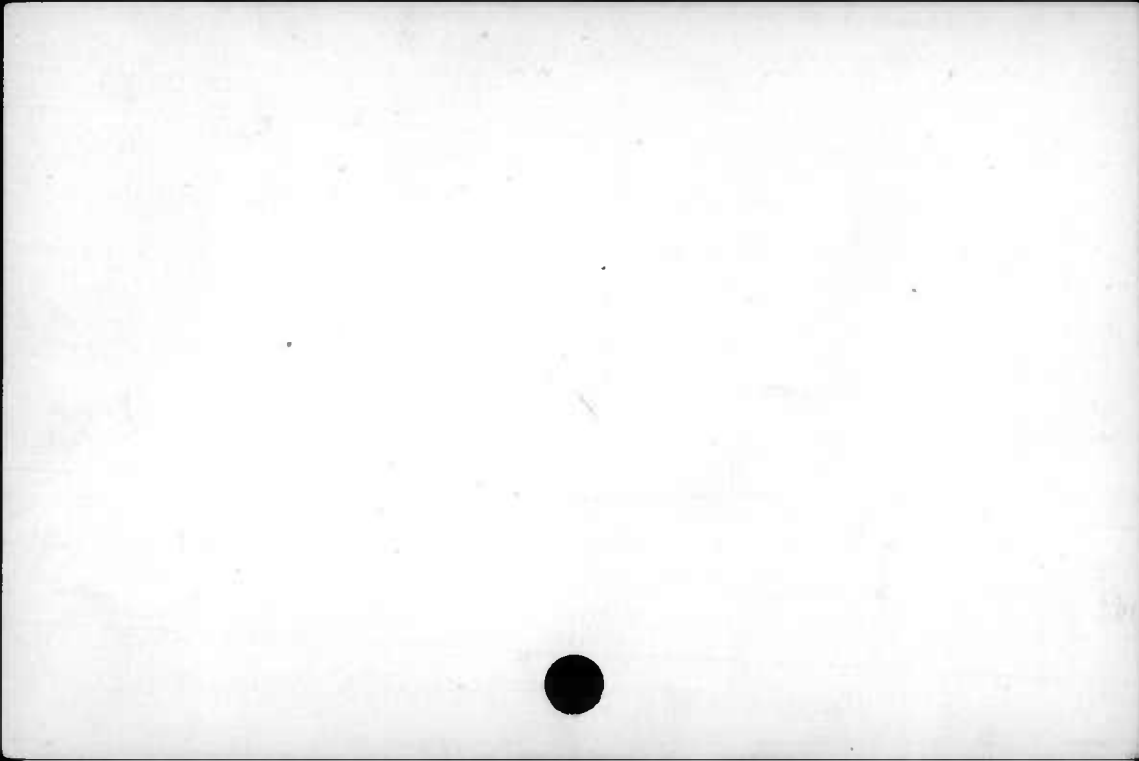
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Poplars</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>19</i>	Age <i>18</i>	Years <i>3</i>	Months <i>10</i>	Days <i>10</i>
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth- place <i>Willow Hill</i>			
Occupation <i>Housekeeper</i>				Where Residing if not at place of death <i>Willow Hill</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Benj' Brod Bro</i>					
Father's Name <i>Benj' Brod Bro</i>		Father's Birthplace <i>Willow Hill</i>					
Mother's Maiden Name <i>Ritchieal Brown</i>		Mother's Birthplace <i>Willow Hill</i>					
Name of person giving In formation <i>Jos. Brooks</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Peritonitis</i>	How long <i>2 hours</i>
Immediate	<i>Eclampsia</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above <i>Yes</i>		Signature of Physician <i>W. J. Talbot M.D.</i>
		Address <i>Ches, Beach</i>
Accident or Suicide?		



Name
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CERTIFICATE OF DEATH

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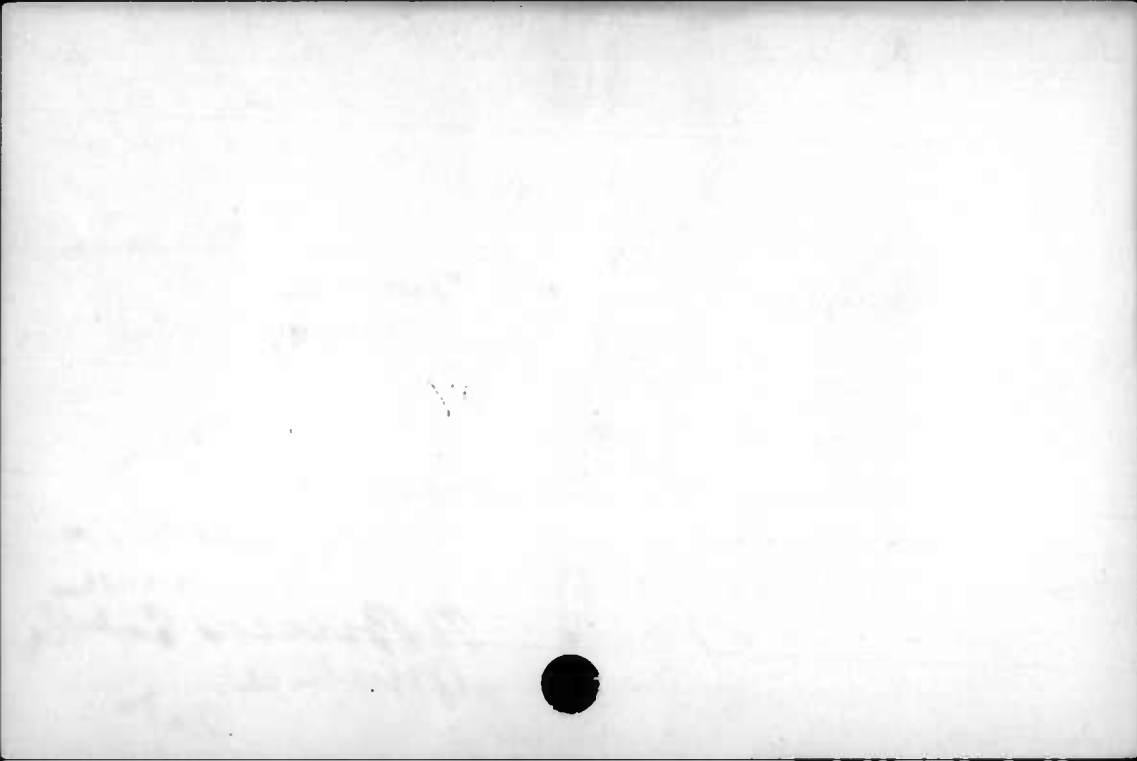
Died at <i>Pophars</i>		Town <i>Pophars</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>19</i>		Age <i>3</i> Months <i>hours</i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Pophars</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Pophars</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Idy Brooks</i>		Mother's Birthplace <i>Pophars Md.</i>					
Name of person giving information <i>Joe Brooks</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary Cause <i>Respiratory Distress</i>		How long	
Immediate Cause <i>Dyspnoea</i>		How long <i>3 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Talbot M.D.</i>	
		Address <i>Ches Beach Md.</i>	
Accident or Suicide?			



Name
in
Full

Emma Francis Chase

CERTIFICATE OF DEATH

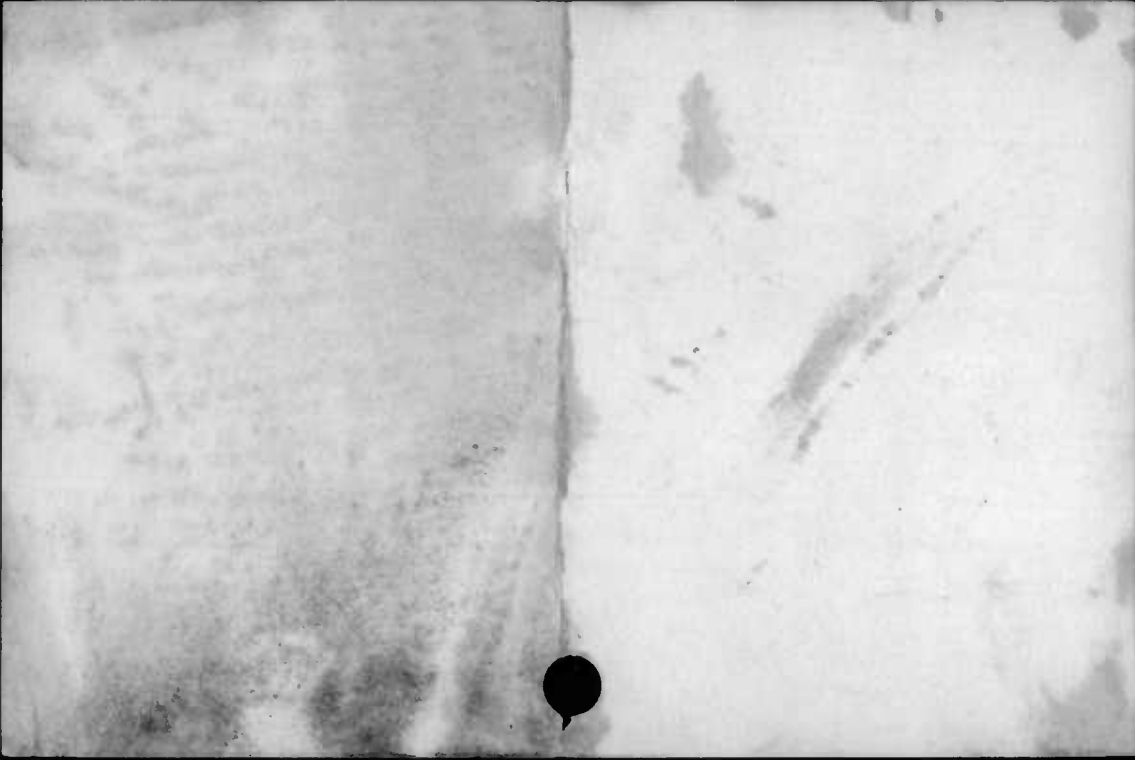
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mulhac</u> <small>Town</small>		<u>Calvert</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>30</u> <small>Age</small>	<u>15</u> <small>Years</small>	<u>—</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Calvert Co.</u>
Occupation	<u>Servant</u>		Where Residing if not at place of death <u>New Mulhac</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband	<u>none</u>		
Father's Name	<u>Benson Chase</u>			Father's Birth-place	<u>Calvert Co</u>
Mother's Maiden Name	<u>Sarah Gross</u>			Mother's Birthplace	<u>Calvert Co</u>
Name of person giving information	<u>Benson Chase</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dysentery</u>	<u>(14)</u>	How long	<u>4 weeks</u>
Immediate	<u>of dysentery</u>		How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>P. Briscoe Sub Reg</u>	
		Address	<u>Mulhac</u>	
Accident or Suicide?			<u>no</u>	



Name
in
Full

Alice Coats

CERTIFICATE OF DEATH

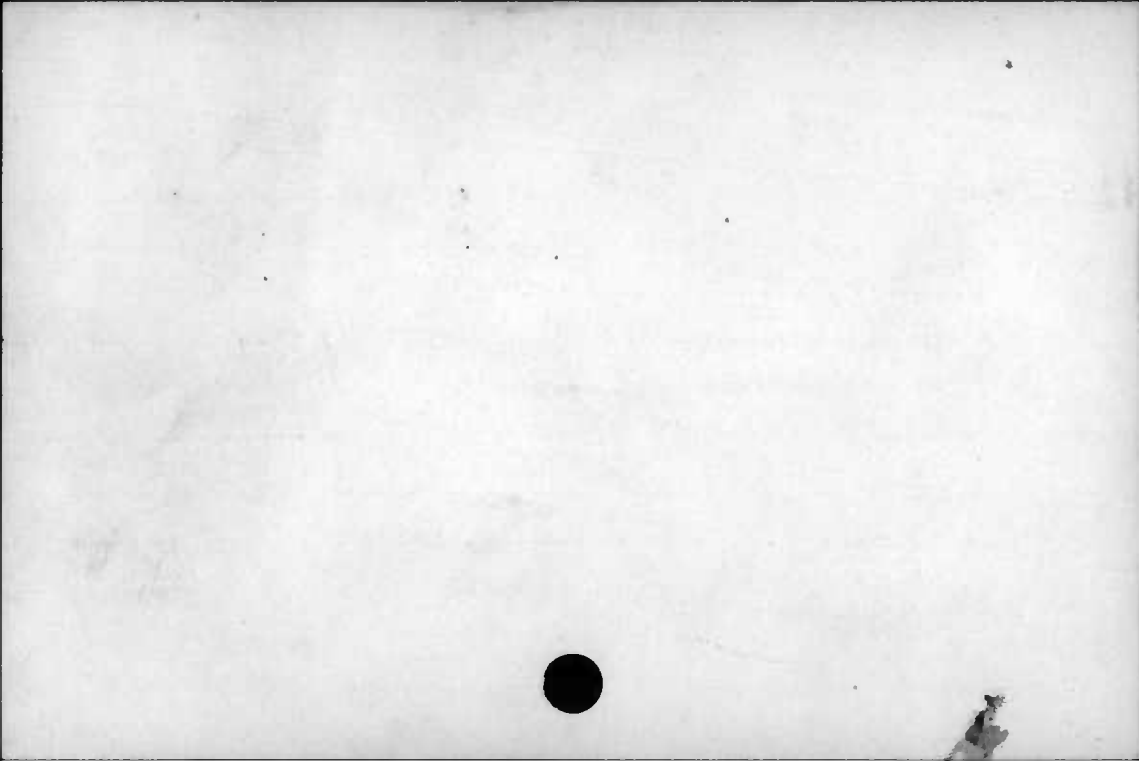
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pkesapeake</i>		County <i>Calvert</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>20</i>	Age <i>5</i>	Years <i>5</i>	Months <i>5</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Chesapeake Beach</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>" "</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Samuel R Coats</i>		Father's Birthplace <i>Calvert County</i>					
Mother's Maiden Name <i>Julia James</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Samuel R Coats</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sickly from Birth</i>	179	How long
Immediate	<i>Heart Failure</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address
<i>Yes</i>		<i>Wm B Wood Coroner</i>	<i>Mt-Harmony Md</i>
Accident or Suicide?			



Name
in
Full

Sarah Forester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sunderland</u> ^{Town}		<u>Calvert</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month	<u>July</u>	Day	<u>4</u>
Age		<u>60</u>		Years	
Sex	<u>Female</u>	Color or Race	<u>Negro</u>	Birth-place	<u>Willom, Md.</u>
Occupation	<u>Housekeeper</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>John Forester</u>			
Father's Name	<u>James Jones</u>			Father's Birthplace	<u>Pleasant Pt. Md.</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>
Name of person giving information	<u>William Forester</u>			How related to deceased	<u>Son</u>

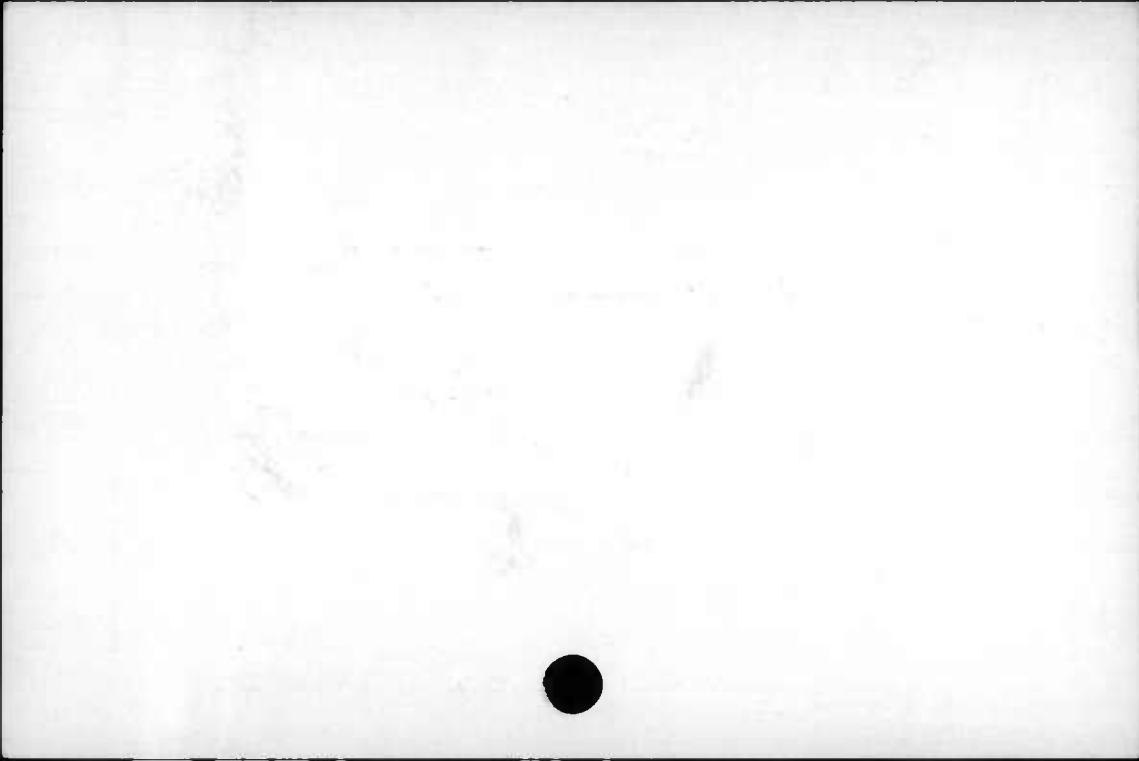
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Nephritis</u>	How long	<u>8 days</u>
Immediate	<u>Uremic Coma</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. H. Talbot, M.D.</u>
		Address	<u>Ches. Beach, Md.</u>
Accident or Suicide?		<u>—</u>	



Name in Full		Not named				Grey		County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cherryville		County Calvert		MARYLAND					
	Date of death		1907	Month July	Day 27	Age	Years —	Months —	Days 10			
	Sex		Male		Color or Race		African		Birth place Calvert Co			
	Occupation		—		Where Residing if not at place of death —							
	Married, Single or Widowed		—		Name of Wife or Husband		—					
	Father's Name		Chesley Grey					Father's Birthplace		Calvert Co		
	Mother's Maiden Name		Maggie Reed					Mother's Birthplace		" "		
	Name of person giving information		James Grey					How related to deceased		Grandfather		
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Acute Enteritis				(105)		How long			
	Immediate		Acute Enteritis				(105)		How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		E. H. Hunsar					
	Address		—		Address		Lo Marlboro, Md					
	Accident or Suicide?		—									



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

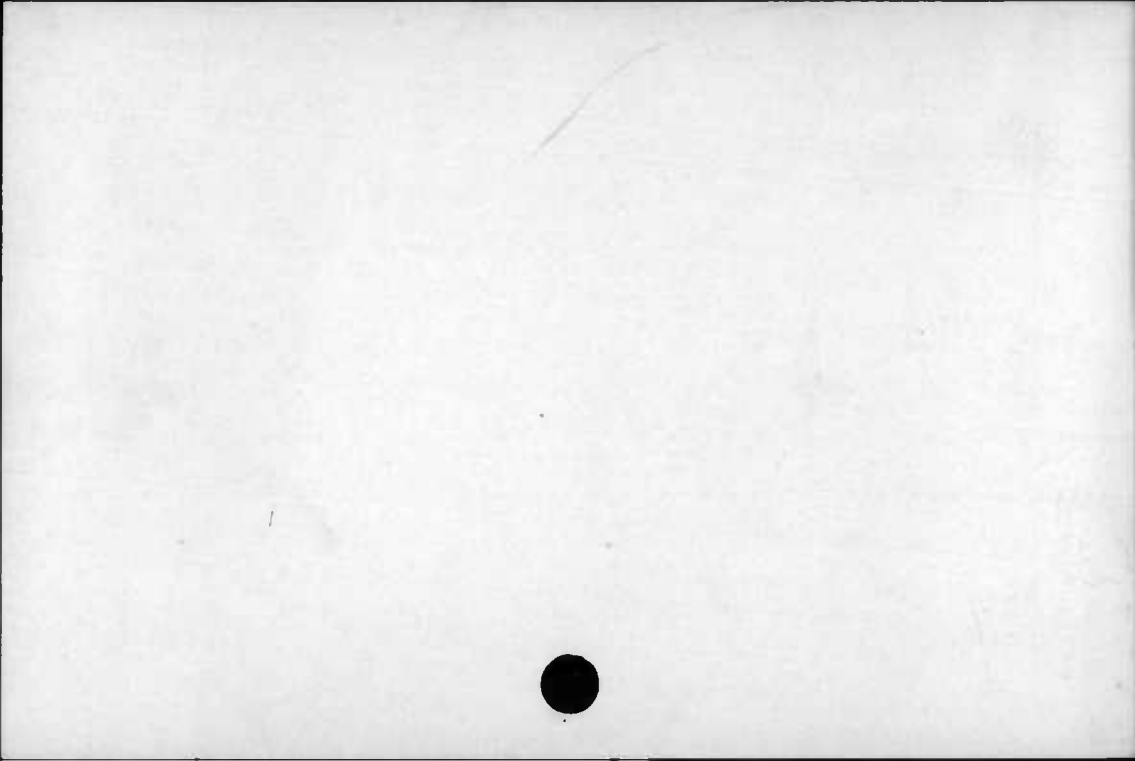
Died at		Town Wifflor		County Calvert		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	30	72			
Sex		Color or Race		Birth-place			
Male		Negro		Willow Hill			
Occupation		Where Residing if not at place of death					
Unknown							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
Jerry Pratt		None					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Unknown	How long	Unknown
Immediate	Dyspnea	How long	One hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. H. Talbot	
		Address	
		Ches Beach, Md.	
Accident or Suicide?			



Name
in
Full

Horace Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bowens</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>14</i> <small>Age</small>	<i>5</i> <small>Years</small>	<i>5</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Calvert D</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

Primary	<i>Cholera Infantum</i>	<i>105</i> <small>How long</small>	<i>1 day</i>
Immediate		<small>How long</small>	

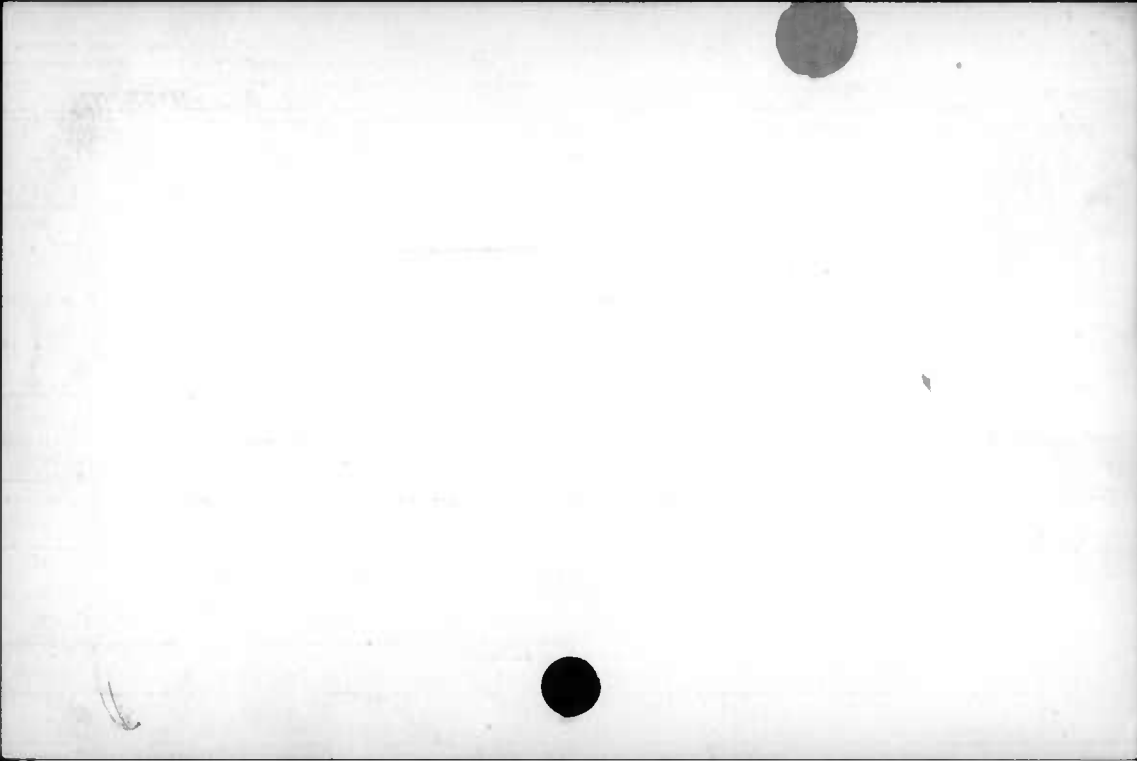
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

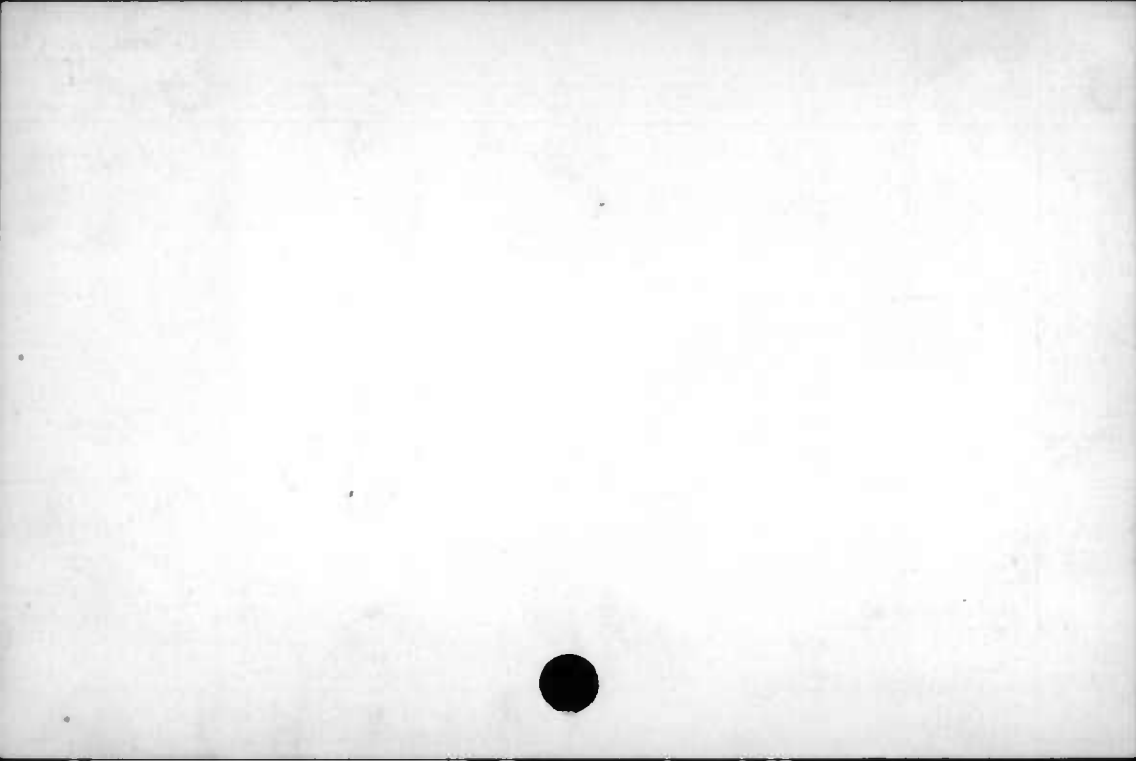
Address

Accident or Suicide?

V. J. Lusk
Sub Rep
Bowens Md



Name in Full		CERTIFICATE OF DEATH	
William Wills		County	
Died at <i>Near Calvert Beach</i>		MARYLAND	
Date of death	Month	Day	Years
1907	7	31	2
Sex	Color or Race	Birth-place	Months
Male	Colored	Near Friendship	6
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace		
Compton Wills	Friendship		
Mother's Maiden Name	Mother's Birthplace		
Susan Maynard	Friendship		
Name of person giving information	How related to deceased		
Compton Wills	Father		
CAUSES OF DEATH			
Primary	How long		
Uremia	120 Three months		
Immediate	How long		
Heart Exhaustion	Several hours		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
yes	L. Brayshaw		
	Address		
	Friendship Md		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Richard Jacarariah Younger

Town

County

Died at

Lower Marlboro

Calvert

MARYLAND

Date

of death 1907

Month

July

Day

4th

Age

Years

72

Months

10

Days

7

Sex

Male

Color or
Race

white

Birth-
place

Occupation

Carpenter

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Mary Frances Younger

Father's
Name

George Younger

Father's
Birthplace

Calvert Co, Md.

Mother's
Maiden Name

Mary A Hower

Mother's
Birthplace

Calvert Co. Md.

Name of person giving
In formation

George S. Younger

How related
to deceased

Brother

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary

How long

Immediate

Epileptic Convulsion

How long

Suddenly

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E H Humm and M.D.

Address

Lo. Marlboro

Md

Accident or Suicide?

